

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

RECEIVED

JUL 18 2012

PSC SC
CLERK'S OFFICE

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2065 - 337 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: DAVID HARDWICK DBA DBHLIMO LLC Telephone: 843-303-4761

Address: 5069 WALKER ST Fax: 843-554-5062

NORTH CHARLESTON, SC 29405 Other: _____

Email: INFO@DBHLIMO.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input checked="" type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina
Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

DATE: 7/10/2012

I have the following Certificate:

☐ Class C Taxi # _____ ☒ Class C Charter # 7632-A ☐ Class C Charter Bus # _____
☐ Class C Non-Emergency # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name Change

From: DAVID B HARDWICK DBA: DBH LIMO
(Current Name) (Current DBA if applicable)

TO: DAVID B HARDWICK DBA: DBH LIMO, LLC
(New Name) (New DBA if applicable)

☐ Scope of Authority

From: _____ To: _____
(Current Scope) (New Scope)

☐ Passenger Limit

From: _____ To: _____
(Current Limit Number) (New Limit Number)

DAVID B HARDWICK / DBH LIMO, LLC
Name & DBA if DBA is applicable)

NORTH CHARLESTON, SC 29405
(City, State, Zip Code)

843-303-4761
(Telephone Number)

5069 WALKER ST.

(Street and/or Mailing Address)

[Signature]
(Signature)

OWNER / PRESIDENT

(Title) Owner, President, etc.

1 COPY

Print Form

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic
Filing Fee - \$110.00**

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH
ORIGINAL ON FILE IN THIS

JUN 19 2012

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

DBH Limo, LLC

*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

P.O. Box 70962

Street Address

North Charleston

29415

City

Zip Code

3. The initial agent for service of process is

David Hardwick

Name

David Hardwick
Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

5069 Walker St

Street Address

North Charleston

29405

City

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

- (a) David Hardwick

Name

5069 Walker St

Street Address

North Charleston

SC

29405

City

State

Zip Code

- (b)

Name

Street Address

City

State

Zip Code

111128-0082
DBH LIMO, LLC

FILED: 11/18/2011

Filing Fee: \$110.00 ORIG



South Carolina Secretary of State

Mark Hammond

Form Revised by South Carolina
Secretary of State, May 2011

DBH LIMO, LLC
P.O. Box 70962
North Charleston, SC 29415
843-303-4761

ATTN: Clerks Office

07/11/2012

Hey, This is David B. Hardwick with DBH LIMO, LLC. I am sending the paper work to get my named changed on my business certificate.

Address: 5069 Walker St
North Charleston, SC 29415

Mailing Address: P.O. Box 70962
North Charleston, SC 29415

Contact info: David B Hardwick
Mobile# 843-303-4761
FAX: 843-554-5062

Please let me know if you have any questiojns or if I did not fill this out correctly.

Thank you,
David